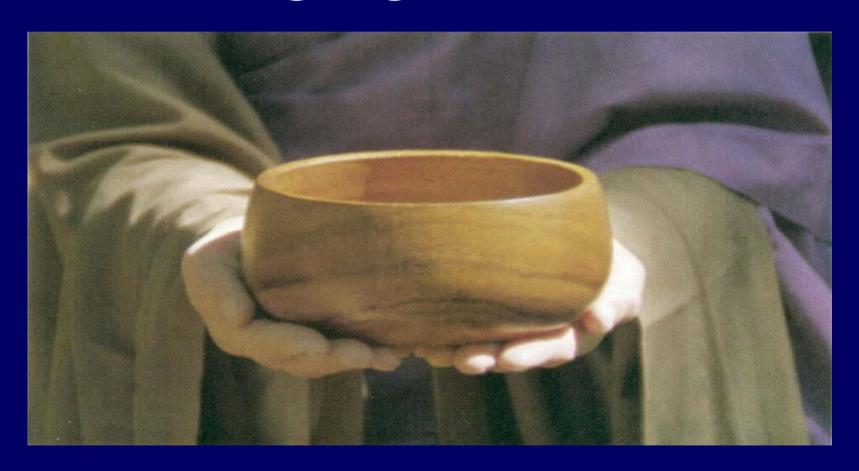
#### Kevin Wadalavage

Vice President
Outreach Project
117-11 Myrtle Avenue
Richmond Hill, N.Y., 11418
(718) 847-9233
kevinwadalavage@opiny.org

### Craving, and it's management, has been an ongoing issue in treatment



### This isn't just about "willpower", Figure Hello: limbic system? amygdala?

### Support for the "management" perspective in looking at addiction

### In early treatment, focus has often needed to be on managing cravings

## Identify the feelings of craving, and then employ strategies to "deactivate" them.

• Normalize craving as part of a process. Don't panic if you have craving.

### What does a craving feel and "sound" like?

- In:
  - -the body
  - -mood and emotions
  - -behavior
  - -self talk
  - -overall outlook

• Don't ignore a mild craving, waiting to see if it becomes a major one.

- Break your state!
  - -Change your environment
  - -Reaching out to others
  - -Challenging euphoric recall: "Walk it through", ugly reminders, thought stopping, etc.
- Exercise, improvements in diet, adequate rest, stress management activities, etc.

## But, is that enough?

• If cues → craving, does *cue*management take on a larger focus?

- Identification of cues:
  - -"People, Places & Things"
  - -Avoidance of "war stories"
  - -Tools

- -Review profile of previous use situations
- -Relapse analysis
- -Relapse fantasy
- -etc.

# What is "relapse prevention" vs. "early treatment"?

### If some people have impaired decision-making capacity, how do we address this?

- "Stop and think!"-type interventions?
- Consult with others in order to "step outside yourself"?
- "Problem solving" or "Decision making" skillstype interventions?
- Medications?

### Some Issues

#### Who craves more or less?

- certain drugs or drug combinations?
- age, gender, etc. differences?
- use profile (frequency, concentration levels)?
- bigger issue in the detoxification unit than the DWI class?

Are certain harm reduction strategies less likely to work with brain-based craving?

### How to train clinicians and clients on craving?



**Normal** •••••

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Drug Use Addiction ....

**Treatment** .............

